

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES**

**INDIVIDUALIZED ADOPTION RECRUITMENT PLAN  
CFS-433**

**PURPOSE**

This form develops a plan to recruit an adoptive family for a child and to document the progress. It is not required for a child with a plan of foster parent or kinship foster parent adoption.

**COMPLETION**

The Adoption Specialist will complete the following:

**Child's Name:** Enter the child's name.

**Date of Birth:** Enter the child's date of birth.

**Resident County:** Enter the child's resident county

**Adoption Specialist:** Enter the name of the child's Adoption Specialist.

**Date Assigned:** Enter the date that the child is assigned to the Adoption Specialist

**Dates Revised:** Enter the dates that the plan is revised.

**Strategy:** Select the strategies that are to be implemented to recruit an adoptive family.

**Name of Contact:** Enter the name of the person, who is to be contacted to achieve the strategy.

**Deadline:** Enter the proposed date that the strategy is to be achieved.

**Completed:** Enter the date that the strategy is completed.

**Results/Comments:** Enter results of the strategy to recruit an adoptive family or related comments.

The Adoption Specialist will periodically assess and revise the recruitment plan when appropriate.

**ROUTING**

The Adoption Specialist will retain the completed recruitment form.